

ANNUAL STATEMENT

For the Year Ending December 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code	0000 ,	0000 (Prior Period)	NAIC Company Co	de 95848	Employer's ID Number	383383640
Organized under the Laws o	,	Michigan	, State of	Domicile or Port of	Entry	Michigan
Country of Domicile	Unit	ed States of America				
Licensed as business type:	Life, Accident & Heal Dental Service Corpo Other[]	ration[] Vis	operty/Casualty[] sion Service Corporation[] HMO Federally Qualified? Ye	Hea	spital, Medical & Dental Service or alth Maintenance Organization[X]	Indemnity[]
Incorporated		09/12/1997	C	commenced Busines	s08/01/1	998
Statutory Home Office		G-3245 Beecher Rd			FLINT, MI 48532	
Main Administrative Office		(Street and Number)	G-3	245 Beecher Rd.	(City, or Town, State and Zip C	ode)
	FILE	NT, MI 48532	(Si	treet and Number)	(810)733-9723	
		State and Zip Code)			(Area Code) (Telephone N	lumber)
Mail Address		G-3245 Beecher Rd			FLINT, MI 48532	·
Primary Location of Books a	nd Pecords	(Street and Number or P.O.	. Box)	G-3245 Beecher I	(City, or Town, State and Zip C	ode)
Filliary Location of Books a	iiu Necolus			(Street and Number		
		, MI 48532			(810)733-9723	
Internet Website Address	(City, or Town,	State and Zip Code) www.mclarenhealthp	olan ora		(Area Code) (Telephone N	umber)
internet website Address		www.mciarenneaith	nan.org			
Statutory Statement Contact	t	CHERYL WEST	DBY		(810)733-9723	
	charylwa	(Name) @mclaren.org			(Area Code)(Telephone Numbe (810)733-9652	r)(Extension)
	· · · · · · · · · · · · · · · · · · ·	iil Address)			(Fax Number)	
Policyowner Relations Conta	act			G-3245 Beecher I		
	Flint	MI 48532		(Street and Number	er) (888)327-0671	
		State and Zip Code)			(Area Code) (Telephone Number	er)(Extension)
			OFFICERS			
			Name	Title		
				esident		
				airman cretary		
				easurer		
			OTHERS			
	JE	EFF ASH, Chief Financia	OTHERS I Officer			
		DIR	ECTORS OR TRU	STEES		
		KENDALL		RICK W		
		ONALDSON S KRZEMINSKI			D SHAHEEN D.O. RAMEY	
	BARBA	RA VANDERSON			A KAISER	
	KEVIN	TOMPKINS				
State of Mic	higan					
	nesee ss					
					t on the reporting period stated above, a	
		•	· · · · · · · · · · · · · · · · · · ·		s statement, together with related exhibit the said reporting entity as of the report	
					ctions and Accounting Practices and Pro	
·				-	nting practices and procedures, according	-
		·	-		corresponding electronic filing with the Nations in lieu of or in addition to	·
oxide copy (except for form	atting amoronood ado to old	out the minight of the officers	2 otatomont. The discitoring ining in	ay bo roquotion by van	out regulators in not or or in addition to	and divided diatement.
-	(Signature)		(Signature)		(Signature)	
	HY KENDALL		DENNIS KRZEMINSKI		JEFF ASH	
(P	rinted Name)		(Printed Name)		(Printed Nam	e)
	President		Secretary		Chief Financial (Officer
	(Title)		(Title)		(Title)	
Subscribed and sworn	to before me this	a.	Is this an original filing?		Yes[X] No[]
day of	, 20		If no, 1. State the amendr	ment number		
			2. Date filed	- O b 1		
			Number of pages	attached		

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
	V O	NE				
•						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)						

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables - Not Individually Listed						
Pharmaceutical Rebate Receivables	362,940					362,940
0199998 Subtotal - Pharmaceutical Rebate Receivables - Not Individually						
Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	362,940					362,940
0299998 Subtotal - Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Subtotal - Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Subtotal - Capitation Arrangements Receivables - Not Individually						
Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
0599998 Subtotal - Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables - Not Individually Listed						
MATERNITY CASE RATE RECEIVABLE	319,815	77,366	114,431	305,825		817,437
0699998 Subtotal - Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	319,815	77,366	114,431	305,825		817,437
0799999 Gross health care receivables	682,755	77,366	114,431	305,825		1,180,377

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						9,876,796
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						9,876,796
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,208,901

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
MCLAREN HEALTH CARE CORPORATION	52,041					52,041	
HEALTH ADVANTAGE INC.	214,449					214,449	
MCLAREN MEDICAL MANAGEMENT, INC.						573	
MCLAREN REGIONAL MEDICAL CENTER	66,438					66,438	
0199999 Total - Individually listed receivables	333,500					333,500	
0299999 Receivables not inidvidually listed							
0399999 Total gross amounts receivable	333,500					333,500	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
MCLAREN HEALTH CARE CORPORATION	PROFESSIONAL SERVICES	106,141	106,141	
HEALTH ADVANTAGE INC.	PROFESSIONAL SERVICES	5,483	5,483	
MCLAREN REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	527,602	527,602	
0199999 Total - Individually listed payables	XXX	639,226	639,226	
0299999 Payables not individually listed	XXX			
0399999 Total gross payables	XXX	639,226	639,226	

						Column 1	Column 1
		Direct Medical	Column 1	Total	Column 3	Expenses Paid	Expenses Paid
	Payment	Expense	as a %	Members	as a %	to Affiliated	to Non-Affiliated
	Method	Payment	of Total	Covered	of Total	Providers	Providers
Capita	tion Payments:						
1.	Medical groups						
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	3,101,604	5.447	46,495	100.000	3,101,604	
Other	Payments:						
5.	Fee-for-service						
6.	Contractual fee payments	53,844,094	94.553	XXX	XXX	43,613,716	10,230,378
7.	Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8.	Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9.	Non-contingent salaries			XXX	XXX		
10.	Aggregate cost arrangements			XXX	XXX		
11.	All other payments			XXX	XXX		
12.	Total other payments	53,844,094	94.553	XXX	XXX	43,613,716	10,230,378
13.	Total (Line 4 plus Line 12)						

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
				Intermediary's	Intermediary's
NAIC	Name of	Capitation	Average Monthly	Total Adjusted	Authorized Control
Code	Intermediary	Paid	Capitation	Capital	Level RBC
	N	O N E			
9999999			XXX	XXX	XXX

.

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
					Book Value	Assets	Net
				Accumulated	Less	Not	Admitted
	Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
1.	Administrative furniture and equipment	497,388		140,937	356,452	160,403	196,049
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	497,388		140,937	356,452	160,403	196,049

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION: NAIC Group Code 0000 BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR NAIC Company Code 95848

ALIO Oloup Oode 0000				DOGINEOU	N IIIL OIAIL OI	MICHICAN DON	INO THE LEAR					NAIO Company	J006 JJ0 1 0
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees						
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Loss	Income	Care	Other
otal Members at end of:													
Prior Year									29,464				
First Quarter	. 32,262								32,262				
Second Quarter	34,004								34,004				
Third Quarter													
Current Year													
Current Year Member Months		9							435,119				
al Member Ambulatory Encounters for													
ar:													
Physician	. 66,101								66,101				
Non-Physician	16,926	i							,				
Total									83,027				
Hospital Patient Days Incurred	9,514								9,514				
Number of Inpatient Admissions	2,752)							2,752				
Health Premiums Written									76,390,202				
Life Premiums Direct													
Property/Casualty Premiums Written				 									
	76,390,202								70 200 202				
Property/Casualty Premiums Earned				 					76,390,202				
Amount Paid for Provision of Health Care Services	EC 045 600	,							EC 04E C00				
)							56,945,698				
Amount Incurred for Provision of Health Care Services	60 357 012	,							60 357 912				
001 11003	.	•							1 00,001,012				1



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 95848

Bookeson He of the of the bound of the first the office of the bound of the											TW NO Company	0000 10	
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees						
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
I. Prior Year	29,464								29,464 32,262				
Second Quarter	34,004								24.004				
. Third Quarter	34,754								34,754				
. Current Year									46,495				
	435,119								435,119				
Total Member Ambulatory Encounters for													
'ear:													
'. Physician	. 66,101												
. Non-Physician									16,926				
. Total									83,027				
0. Hospital Patient Days Incurred	9,514								9,514				
Number of Inpatient Admissions	2,752								2,752				
2. Health Premiums Written	76,390,202								76,390,202				
3. Life Premiums Direct													
4. Property/Casualty Premiums Written													
5. Health Premiums Earned	76,390,202								76,390,202				
6. Property/Casualty Premiums Earned													
7. Amount Paid for Provision of Health Care	50.045.000								50.045.555				
Services	. 56,945,698								56,945,698				
18. Amount Incurred for Provision of Health Care Services	60,357,912	,							60,357,912				
	1		1					1	53,007,012		1		

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	3,098,503
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(148,412)
	2.2 Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent	
	improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	77,674
	4.2 Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	
	6.2 Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	3,027,765
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	3,027,765
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	3,027,765

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2,mortgage lines, Net Admitted Assets column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	

33	Schedule D Part 1A Sn 1 - #1 NONE
34	Schedule D Part 1A Sn 1 - #2 NONE
35	Schedule D Part 1A Sn 1 - #3
36	Schedule D Part 1A Sn 2 - #1
37	Schedule D Part 1A Sn 2 - #2
38	Schedule D Part 1A Sn 2 - #3
39	Schedule DA Part 2 NONE
40	Schedule DB Part A Verification
40	Schedule DB Part B VerificationNONE
41	Schedule DB Part C VerificationNONE
41	Schedule DB Part D VerificationNONE
41	Schedule DB Part E VerificationNONE
42	Schedule DB Part F Sn 1 - Sum Replicated AssetsNONE
43	Schedule DB Part F Sn 2 - Recon Replicated AssetsNONE
44	Schedule S - Part 1 - Section 2NONE

STATEMENT AS OF **December 31, 2004** OF THE **McLAREN HEALTH PLAN, INC**

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

		_	tomouning company ac or a					
1	2	3	4	5	6	7		
NAIC	Federal							
Company	ID	Effective						
Code	Number	Date	Name of Company	Location	Paid Losses	Unpaid Losses		
Accident	Accident and Health, Non-Affiliates							
22667	95-2371728	01/01/2003	ACE AMERICAN INS CO	New York, New York	55,690			
0599999 Total - Accident and Health, Non-Affiliates								
0699999 T	0699999 Totals - Accident and Health							
0799999 T	0799999 Totals - Life, Annuity and Accident and Health							

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

	Nemourance deded Accident and Health insurance Listed by Nemouring Company as of December 31, Current Tear											
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
								Reserve	10	11		
								Credit Taken				Funds
NAIC	Federal						Unearned	Other than for			Modified	Withheld
Company	ID	Effective					Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Location	Type	Premiums	(estimated)	Premiums	Year	Year	Reserve	Coinsurance
Non-Affili	ates											
69078	13-5679267	04/01/2004	STANDARD SECURITY LIFE INS CO OF NY	New York, New York	SSL/A/I	510,243						
0299999	0299999 Total - Non-Affiliates					510,243						
0399999	0399999 Totals					510,243						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
					Paid and					Funds			Sum of Cols.
NAIC	Federal			Reserve	Unpaid Losses		Totals			Deposited by and		Miscellaneous	9+10+11+12+13
Company	ID	Effective		Credit	Recoverable	Other	(Cols. 5	Letters of	Trust	Withheld		Balances	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	+ 6 + 7)	Credit	Agreements	from Reinsurers	Other	(Credit)	Excess of Col. 8
					$N(\cdot)$	NH							
				_									
1199999 T	otals (General A	ccount and Se	parate Accounts combined)										

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1	2	3	4	5
		2004	2003	2002	2001	2000
A. OP	ERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare					
3.	Title XIX - Medicaid	510	892	673	530	365
4.	Commissions and reinsurance expense allowance					
5.	Commissions and reinsurance expense allowance					
B. BA	LANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					353
8.	Reinsurance recoverable on paid losses	56	75	327	214	200
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C. UN	AUTHORIZED REINSURANCE					
(DEPC	OSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)					
13.	Letters of credit (L)					
14.	Trust agreements (T)					
15.	Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSE	TS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	26,742,361		26,742,361
2.	Accident and health premiums due and unpaid (Line 12)			
3.	Amounts recoverable from reinsurers (Line 13.1)	55,690		55,690
4.	Net credit for ceded reinsurance	X X X		
5.	All other admitted assets (Balance)	2,107,807		2,107,807
6.	Total assets (Line 26)	28,905,858		28,905,858
LIABII	ITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,208,901		2,208,901
9.	Premiums received in advance (Line 8)			
10.	Reinsurance in unauthorized companies (Line 18)			
11.	All other liabilities (Balance)	1,822,898		1,822,898
12.	Total liabilities (Line 22)	13,908,595		13,908,595
13.	Total capital and surplus (Line 30)	14,997,262	X X X	14,997,262
14.	Total liabilities, capital and surplus (Line 31)	28,905,857		28,905,857
NET C	REDIT FOR CEDED REINSURANCE			
15.	Claims unpaid			
16.	Accrued medical incentive pool			
17.	Premiums received in advance			
18.	Reinsurance recoverable on paid losses			
19.	Other ceded reinsurance recoverables			
20.	Total ceded reinsurance recoverables			
21.	Premiums receivable			
22.	Unauthorized reinsurance			
23.	Other ceded reinsurance payables/offsets			
24.	Total ceded reinsurance payables/offsets			
25.	Total net credit for ceded reinsurance			

SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate,	Guarantees or	Agreements	(Disbursements)		Ordinary		on Losses
NAIC	Federal				Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
	91-2141720	Health Advantage Inc.		160,000							160,000	
		McLaren Health Care					611,393				611,393	
	75-2847104	Provider HealthNet Services					251,829				251,829	
95848	38-3383640	MCLAREN HEALTH PLAN		(160,000)							(1,046,043)	
	38-2383119	McLaren Regional Medical Center					22,822				22,822	
9999999 Tot	als						0		XXX		0	

Schedule Y Part 2 Explanation:

S

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING 1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? 3. Will an actuarial certification be filed by March 1? 4. Will the Risk-based Capital Report be filed with the NAIC by March 1? 5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1? 6. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1? 7. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No Yes Yes Yes Yes No No
APRIL FILING 8. Will Management's Discussion and Analysis be filed by April 1? 9. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1? 10. Will the Investment Risks Interrogatories be filed by April 1?	Yes No Yes
JUNE FILING 11. Will an audited financial report be filed by June 1 with the state of domicile? Explanations:	Yes

Bar Codes:









OVERFLOW PAGE FOR WRITE-INS

ASSETS

, , , ,				
		Current Year		Prior Year
	1	2	3	4
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols.1-2)	Assets
0904. OTHER INVESTED ASSETS	9,411		9,411	
0997. Summary of remaining write-ins for Line 9 (Lines 0904 through 0996)	9,411		9,411	

Supp13	Life Supplement Title PageNONE
Supp14	Exhibit 5 - Aggregate Reserve for LifeNONE
Supp15	Exhibit 5 - InterrogatoriesNONE
Supp16	Exhibit 7 - Deposit Type ContractsNONE
Supp17	Schedule S - Part 1 - Section 1NONE
Supp18	Schedule S - Part 3 - Section 1NONE
Supp24	Property Supplement Title PageNONE
Supp25	Schedule F Part 1 Assumed Reinsurance NONE
Supp26	Schedule F Part 3 Ceded ReinsuranceNONE
Supp27	Schedule P - Part 1 SummaryNONE
Supp28	Schedule P - Part 1A NONE
Supp29	Schedule P - Part 1B NONE
Supp30	Schedule P - Part 1CNONE
Supp31	Schedule P - Part 1DNONE

Supp32	Schedule P - Part 1ENONE
Supp33	Schedule P - Part 1F Sn 1
Supp34	Schedule P - Part 1F Sn 2NONE
Supp35	Schedule P - Part 1GNONE
Supp36	Schedule P - Part 1H Sn 1NONE
Supp37	Schedule P - Part 1H Sn 2NONE
Supp38	Schedule P - Part 1INONE
Supp39	Schedule P - Part 1JNONE
Supp40	Schedule P - Part 1K NONE
Supp41	Schedule P - Part 1LNONE
Supp42	Schedule P - Part 1MNONE
Supp43	Schedule P - Part 1N NONE
Supp44	Schedule P - Part 10 NONE
Supp45	Schedule P - Part 1PNONE

Supp46	Schedule P - Part 1R Sn 1NONE
Supp47	Schedule P - Part 1R Sn 2NONE
Supp48	Schedule P - Part 1SNONE
Supp49	Schedule P - Part 2 SummaryNONE
Supp50	Schedule P - Part 2A NONE
Supp50	Schedule P - Part 2B NONE
Supp50	Schedule P - Part 2C NONE
Supp50	Schedule P - Part 2DNONE
Supp50	Schedule P - Part 2ENONE
Supp51	Schedule P - Part 2F Sn 1
Supp51	Schedule P - Part 2F Sn 2NONE
Supp51	Schedule P - Part 2G NONE
Supp51	Schedule P - Part 2H Sn 1NONE
Supp51	Schedule P - Part 2H Sn 2NONE
Supp52	Schedule P - Part 2INONE
Supp52	Schedule P - Part 2JNONE
Supp52	Schedule P - Part 2K NONE
Supp52	Schedule P - Part 2LNONE
Supp52	Schedule P - Part 2MNONE
Supp53	Schedule P - Part 2N NONE
Supp53	Schedule P - Part 20 NONE
Supp53	Schedule P - Part 2PNONE
Supp54	Schedule P - Part 2R Sn 1NONE
Supp54	Schedule P - Part 2R Sn 2NONE
Supp54	Schedule P - Part 2SNONE

NAIC Group Code: 0000

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code: 95848

NAIC	Group Code: 0000	ESS IN THE STATE OF MICHIGAN DURING THE YEAR							NAIC Company Code: 95848				
		Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid or Credited to	4 Direct	5 Direct	6	7	8 Direct Defense	9 Direct Defense	10 Direct Defense	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business	Unearned Premium Reserves	Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	and Cost Containment Expense Paid	and Cost Containment Expense Incurred	and Cost Containment	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood							1					
3.	Farmowners multiple peril							1					
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non - liability portion)												
5.2	Commercial multiple peril (liability portion)												
6	Mortgage guaranty												
8	Ocean marine												
9	Inland marine												
10.	Financial guaranty												
11.	Medical malpractice												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	All other A & H (b)												
15.7	Federal employees health benefits program premium (b)												
16.	Workers' compensation												
17.	Other liability												
18.	Products liability							1					
19.1	Private passenger auto no-fault (personal injury protection)							1					
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.													
27.	Burglary and theft												
1	Boiler and machinery												
28.	Credit												
33.	Aggregate write-ins for other lines of business												
34.	TOTALS (a)												
DETA	ILS OF WRITE-INS												
3301													
3302													
3303		1											
3398.	Summary of remaining write-ins for Line 33 from overflow page												1
3399.	TOTALS (Lines 3101 through 3303 plus 3398) (Line 33 above)												
JJJJ.	TO TALO (LINES 3 TO T UNIOUGH 3303 Plus 3330) (LINE 33 above)												1

NAIC Group Code: 0000

EXHIBIT OF PREMIUMS AND LOSSES

95848200420858100 2004 Document Code: 208

(Statutory Page 14)

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC	Comp	any	Code: 9	5848

	Group Code: 0000		DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Com									pany Code: 95848		
		Membership Fees, L	ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8 Direct	9 Direct	10 Direct	11	12	
1		and Premiums on	Policies not Taken	or Credited to	Direct	Direct			Defense	Defense	Defense			
		1 Direct Premiums	2 Direct Premiums	Policyholders on Direct	Unearned Premium	Losses Paid (deducting	Direct Losses	Direct	and Cost Containment	and Cost Containment	and Cost Containment	Commissions and Brokerage	Taxes, Licenses	
1	Line of Business	Written	Earned	Business	Reserves	salvage)	Incurred	Losses Unpaid	Expense Paid	Expense Incurred		Expenses	and Fees	
1	Fire													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non - liability portion)													
5.2	Commercial multiple peril (liability portion)													
5.2 6.														
0. 8.	Mortgage guaranty													
	Ocean marine													
9.	Inland marine													
10.	Financial guaranty													
11.	Medical malpractice													
12.	Earthquake													
13.	Group accident and health (b)													
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
5.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	All other A & H (b)													
15.7	Federal employees health benefits program premium (b)													
16.	Markers' compansation													
	Workers' compensation													
17.	Other liability													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity													
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
27. 28.	•													
20. 33.	Credit													
	Aggregate write-ins for other lines of business													
34.	TOTALS (a)													
DETAI	LS OF WRITE-INS													
3301														
3302		.												
3303														
3398.	Summary of remaining write-ins for Line 33 from overflow page													
	, or remaining time for Elife of from everyow page		1			1			1					

INDEX TO HEALTH **ANNUAL STATEMENT**

Accident and Health Insurance; 18

Accounting Changes and Corrections of Errors; Q11; 25, Note 2

Accounting Practices and Policies; Q5; 25, Note 1

Admitted Assets; Q2; 2; 29; Supp10; 26

Affiliated Transactions: 52: E14

Bonds; Q2; Q6; Q11.1; QE04; QE05; 2; 6; 15; 16; 26; 27.2; 27.4; 29; 32; 33; 34; 35; 36; 37; 38; E08; E11; E12; E13; Supp7

Bonuses; Q3; Q4; Q8; Q9; 3; 4; 7; 9; 11; 20; 23; 28.1; 49

Borrowed Funds; Q3; Q6; 3; 6

Business Combinations and Goodwill; 25, Note 3

Capital Gains (Losses)

Realized; Q4; 4; 7; 29; 40; E12; E13; E21

Unrealized; Q4; Q5; 4; 5 Capital Stock; Q2; 2; 25, Note 13

Capital Notes; Q6; 6; 25, Note 11

Cash; Q2; Q6; QE08; 2; 6; 15; 16; 26; 49; E23 Cash Equivalents; Q2; Q6; 2; 6; 15; 16; 26; E24

Claims; Q3; Q8; 3; 9; 11; 12; 20; 29; 48; 49; Supp1; Supp27; Supp48; Supp55; Supp57; Supp58; Supp59; Supp60; Supp61; Supp62

Coinsurance; 44; Supp17

Collars: QF07

Commissions; Q6; 6; 48; Supp25; Supp55

Common Stock; Q2; Q3; Q6; Q11.1; 2; 3; 6; 15; 16; 26; 27; 28; 29; 32; E10; E11; E12; E13; Supp7

Cost Containment Expenses; Q4; 4; 7; 19; Supp59

Contingencies; 25, Note 14 Counterparty Exposure; 25, Note 8

Debt; 25, Note 11

Deferred Compensation; 25, Note 2

Derivative Instruments; Q15; 25, Note 8; 42

Deposit-Type Contracts; Supp16 Discontinued Operations; 25, Note 4 Electronic Data Equipment; Q2; 2; 16

Encumbrances; Q2; QE01; 2; E02; E03; E06; E07

Emergency Room; Q4; 4; 7 Enrollment and Utilization; 17

Expenses; Q3; Q4; Q6; 3; 4; 6; 7; 12; 14; 15; 27.4; 29; Supp49; Supp55; Supp56; Supp59; Supp60; Supp61; Supp62

Experience Rating Refunds; 13; Supp20 Extinguishment of Liabilities; 25, Note 17

Extraodinary Item; 25, Note 21 Fee for Service; Q4; 4; 7; 23

Foreign Exchange; Q2; Q5; Q12; QE01; QE02; 2; 5; 16; 31; 32; 39; E01; E02; E03; E05; E06; E07; E09; E12; E13; E15

Forwards; QE07; 41; E19; E20

Furniture, Equipment and Supplies; Q2; 2; 16; 24

Futures Contracts; 41

Guaranty Fund; Q2; Q18; 2; 16; 50

Health Care Receivables; Q2; 2; 16; 19; 25, Note 28

Health Statement Test: 28

Hospital/Medical Benefits; Q4; 4; 7; 48

Incentive Pools; Q3; Q4; Q9; 3; 4; 7; 9; 11; 20; 23; 28.1; 49

Income; Q4; Q5; 4; 5; 29

Income Taxes; Q2; Q3; Q4; Q5; 2; 3; 4; 5; 15; 16; 25, Note 9; Supp57

Incurred Claims and Claim Adjustment Expenses; Supp49; Supp50; Supp51; Supp52; Supp53; Supp54; 25, Note 25

Intercompany Pooling; Supp27; Supp28; Supp29; Supp30; Supp31; Supp32; Supp33; Supp34; Supp35; Supp36; Supp37; Supp39; Supp39; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48; 25, Note 26

Investment Income; 25, Note 7

Accrued; Q2; 2; 16

Earned; Q2; Q14; 4; 15; 39; E24

Received; Q6; 6; 39

Investments; Q11.1; 15; 27.3; Supp7; Supp12; Supp57; 25, Note 5

Joint Venture; 25, Note 6 Leases; 25, Note 15

Limited Liability Company (LLC); 25, Note 6

Limited Partnership; 25, Note 6

Long-Term Care Insurance; 8; 53; Supp3; Supp4; Supp5; Supp6

Long-Term Invested Assets; QE03; 31; E06

Loss Development; 12

Managing General Agents; 25, Note 19

Maximum Retained Risk: 28

Member Months; Q4; Q7; 4; 17; 29; 30

Minimum Net Worth; 28.1

Mortgage Loans; Q2; Q6; Q11.1; QE02; 2; 6; 15; 16; 26; 29; E04; E05; Supp11

Non Admitted Assets; Q2; Q5; Q12; 2; 5; 16; 32; 39

Off-Balance Sheet Risk; 25, Note 16 Options; QE06; 27.2; 40; E16; E17; E18 Organizational Chart; Q11; Q19; 51

INDEX TO HEALTH **ANNUAL STATEMENT**

Out-of-Area; Q4; 4; 7 Outside Referrals: Q4: 4: 7

Parents, Subisidaries and Affiliates; Q2; Q3; Q11.1; 2; 3; 16; 21; 25, Note 10; 22; 32

Participating Policies; 25, Note 29; Supp15 Pharmaceutical Rebates; 25, Note 28 Policyholder Dividends; Q6; 6; Supp55 Postemployment Benefits; 25, Note 12 Postretirement Benefits; 25, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; 2; 3; 6; 15; 16; 26; 27.2; 27.4; 29; 32; E09; E11; E12; E13; Supp7

Premium Deficiency Reserves; 25, Note 30

Premiums and Considerations

Advance; Q3; 3; 49 Collected; Q6; 6 Deferred: Q2: 2

Direct; Q7; Q18; 28; 30; 49; 50; Supp20

Earned; Q7; 7; 12; 28; 29; 30; Supp1; Supp27; Supp55; Supp57

Retrospective; Q2; 12 Uncollected; Q2; 2; 16 Unearned; Q4; 4; Q7; 7; 13

Written; Q4; Q7; 4; 18; 30; 49; 50; Supp20; Supp55; Supp59; Supp60; Supp61; Supp62

Prescription Drugs; Q4; 4; 7

Product Type; 17

Provider Transactions; 23

Quasi Reorganizations; 25, Note 13

Real Estate; Q2; QE01; 2; 15; 16; 26; 29; E01; E02; E03 Redetermination, Contracts Subject to; 25, Note 24

Reinsurance; 25, Note 23

Assumed; 8; 9; 10; 44; Supp17; Supp25; Supp26; Supp27; Supp28; Supp29; Supp30; Supp31; Supp32; Supp33; Supp34; Supp35; Supp36; Supp36; Supp38; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48

Ceded; Q3; Q17; 3; 8; 9; 10; 44; Supp14; Supp26; Supp27; Supp28; Supp29; Supp30; Supp31; Supp32; Supp33; Supp34; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48

Claims; 9; 10; 44; 45; 48

Funds Held; Q2; 2; 16; Supp25

Payable; Q3; 3; 45 Premiums; Q3; 3; 8

Receivable; Q2; Q4; 2; 7; 9; 16; 48; 49 Unauthorized; Q3; Q5; 3; 47; 48; 49

Reserves

Accident and Health; Q3; Q4; 3; 4; 7

Annuity; Supp19

Claims; Q3; Q5; Q8; 3; 5; 9

Life; Q3; 3; 7; Supp14

Retirement Plans; 25, Note 12; Supp22 Retrospectively Rated Policies; 25, Note 24

Risk-Based Capital; 53 Adjusted Capital; 29

Authorized Control Level; 29 Risk Revenue; Q4; 4; 7

Salvage and Subrogation; 25, Note 31; Supp27; Supp28; Supp39; Supp31; Supp31; Supp33; Supp34; Supp35; Supp36; Supp37; Supp39; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48

September 11 Events; 25, Note 20 Servicing of Financial Assets; 25, Note 17

Short-Term Investments; Q2; Q6; Q11.1; Q14; 2; 6; 15; 26; 29; 39; E15

Special Deposits; E25 Stockholder Dividends; Q5; 5

Stop Loss: 8

Subsequent Events; 25, Note 22 Surplus; Q3; Q5; 3; 5; 25, Note 13; 29 Surplus Notes; Q3; Q5; Q6; 3; 5; 6 Swaps; QE07; E19; E20

Synthetic Assets; Q15; Q16; 42; 43 Third Party Administrator; 25, Note 19 Treasury Stock; Q3; Q5; 3; 5; 6

Uninsured Accident and Health; Q2; Q3; 2; 3; 16; 25, Note 18

Wash Sales; 25, Note 17

Withholds; Q4; Q8; 4; 7; 10; 20; 23; 28.1